



BID ITEM 14-07

PROPOSAL: MACOMB COUNTY OFFICIAL 2008 DIRECTORY

SUBMISSION PROCEDURES

Date Due: Tuesday, October 23, 2007, 10 a.m., local time.

Late bids will **not** be accepted. Proposals will be publicly opened and read.

Mail to: Macomb County Purchasing
Polly A. Helzer, Purchasing Manager
Macomb County Purchasing
10 N. Main Street – 13th Floor
Mt. Clemens, MI 48043

**BID PACKAGE MUST BE DELIVERED DIRECTLY TO THE 13TH FLOOR
PURCHASING DEPARTMENT BY DUE DATE & TIME.**

Return: One (1) original and two (2) copies of the proposal.

Clearly mark on the envelope **SEALED BID ITEM 14-07 MACOMB COUNTY
OFFICIAL 2008 DIRECTORY.**

Label all submission envelopes with the company name on the outside.

Complete and return all pages requiring vendor response.

INFORMATION UPDATE

Check for information updates on our website at www.macombcountymi.gov/purchasing. For direct mailing of updates, submit your e-mail address, fax number, phone number, and Bid Item name and number to: donna.sutherland@macombcountymi.gov.

QUESTIONS

Due: Tuesday, October 16, 2007, 10 a.m.

Submit to: E-mail: donna.sutherland@macombcountymi.gov

Fax: 586-469-6612

Questions regarding bid specifications may be directed in writing only, by e-mail or fax. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a County department, other than Purchasing, regarding current bids may be grounds for disqualification as a vendor.

ERRORS, OMISSIONS, AND/OR DISCREPANCIES

Bidder shall not be allowed to take advantage of errors, omissions, and/or discrepancies found in these specifications.

RIGHT TO REJECT

The County of Macomb reserves the right to reject any or all bids in whole or in part and to waive any informalities therein, or accept any bid it may deem in the best interest of the County.

Note: Past experience and performance may be a factor in making an award.

TERMINATION

The County of Macomb reserves the right to terminate any award to the bidder for cause without any liability, upon 30 days notice from the manager of Purchasing.

OFFER PERIOD

Bids will remain firm for a period of ninety (90) days after official opening of bids.

SALES AND EXCISE TAXES

The County of Macomb, being a governmental unit, is exempt from sales and federal excise taxes. Our tax I.D. number is 38-6004868. The price is to be net, exclusive of any taxes.

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INDEMNIFICATION

Macomb County will not be responsible for injury to contractor's employees, subcontractors, or to third parties caused by the contractor's agents, servants or employees. Therefore, the contractor agrees to incorporate the below hold harmless agreement into the required insurance and to be evidenced by being contained in the certificate of insurance. Further, the below listed indemnification is incorporated and is part of the subject contract.

The contractor agrees to protect, defend, indemnify and hold the County of Macomb and its commissioners, officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, legal fees, liens, demands, court costs, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, death, damage to property, defects in materials or workmanship, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

The contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his sole expense and agrees to bear all other costs and expenses related hereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which this indemnification would violate legal prohibition, the foregoing provision concerning indemnification shall not be construed to identify the County for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the County, its commissioners, officers, employees or agents.

LIVING WAGE POLICY

The County shall not enter into any Contract for services with any Contractor who does not demonstrate that it pays its work force a Living Wage. The Contractor shall be required to maintain this rate of pay for the duration of the Contract period.

Living Wage shall mean an hourly wage rate, which on an annual basis (based on forty hours per week, fifty weeks per year) is equivalent to either of the following:

- (a) one hundred and twenty five percent (125%) of the Federal Poverty Level; or
- (b) one hundred percent (100%) of the Federal Poverty Level, if Health Care Benefits are provided to the Employee.

Contractors shall maintain a listing of the name, address, date of hire, occupation, classification, rate of pay and benefits paid for each of their Employees covered by this policy and shall submit a copy of the list to the Auditor by June 30, and December 31 of each year covered by the Contract. Employers shall maintain payroll records for all Employees and shall preserve them for a period of at least four (4) years. Employers shall permit access to job sites and relevant payroll records for authorized County representatives for the purpose of monitoring compliance with this policy, investigating Employee complaints of non-compliance and evaluating the operation and effects of this policy. An Employer who fails to submit documents, declarations or information required to demonstrate compliance with this policy shall be deemed non-compliant or non-responsive and shall have the Contract payments denied or suspended until compliance is demonstrated.

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GENERAL INFORMATION

In further description of this proposal, we desire to submit sheets marked as follows:

Bidding under the name of: _____

Federal Employer Identification Number: _____

which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual

AUTHORIZED SIGNATURE: _____

Printed or typed signature: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone Number: _____

Fax Number: _____

Email: _____

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:

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WORK REFERENCES

BIDDER'S COMPANY NAME _____

Please list at least three (3) companies or public agencies for which you have done similar work.

Macomb County reserves the right to reject low bids for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

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CHANGES OR ADDITIONS

Any Vendor proposed deviation from the specifications set forth must be clearly pointed out; otherwise, it will be considered that items offered are in strict compliance with these specifications, and successful bidder will be held responsible therefore. Deviations should be explained in detail.

If needed, any portion of this bid may be deleted, changed or added to at the discretion of the County. If this occurs, all vendors will be provided with an addendum. Addenda issued during bidding period shall be acknowledged as having been received and included in the proposal:

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Any questions asked during the bid process will be answered and posted to the website. Questions and Answers issued during bidding period shall be acknowledged as having been received and included in the proposal:

Question No. _____, dated _____

Question No. _____, dated _____

Question No. _____, dated _____

Question No. _____, dated _____

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PRINTING SPECIFICATIONS

- SIZE:** 5 ½" X 8 ½" finished
- PAGES:** 84 pages plus cover
Cost per additional page
(each page 2 sided)
- DELIVERY BOX:** Box must not weight more than 30 lbs. per individual box
- INK:** A. Cover – 4-color on front and back covers and inside covers
B. Body of Text – black ink
C. Index – page tabs, black (bleeds)
- NOTES:** **PROOF NEEDED**
Also submit a copy of Directory in PDF format

Additional specifications outlined in the Price Sheet.

All necessary text changes to be supplied by the Macomb County Clerk's Office and included in quotation. County Clerk will provide the following: **a camera ready file or CD in Adobe Indesign CS.**

FURNISH

All materials, labor, equipment and delivery of the 2008 Official Macomb County Directory to complete the entire work in accordance with the specifications which we understand and accept as adequate.

RENEWAL

The proposed agreement may be renewed for one (1) year, provided that by 45 days prior to the end of the contract both parties agree to an extension under the same terms and conditions as exist in the current contract.

COMPLETION

It is the intention of Macomb County to have the 2008 Official Macomb County Directory **printed and delivered by January 2, 2008.**

DELIVERY

The 2008 Official Directory – Macomb County is to be delivered to the following:

- Macomb County Central Receiving, 21930 Dunham Rd., Mt. Clemens, MI 48043
- Macomb County Court Building (garage), 40 N. Main St., Mt. Clemens, MI 48043
- Macomb County Administration Building (garage), 1 S. Main St., Mt. Clemens, MI 48043

SAMPLES REQUIRED

Submit with your proposal, samples of all paper that you are quoting for the printing of the directory. Also submit samples of the three bindings requested for this proposal.

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PRICE SHEET

In response to the Invitation to Bid Item 14-07, the undersigned offers and agrees to print and deliver the Macomb County Official 2008 Directory for the sum show below:

Printing the Official Directory, as per specifications including labor costs, paper, inks, plates, halftones, match print on cover and blue-line on inside pages, and all things necessary to print the 2008 Official Directory – Macomb County.

Please note the two different directory styles included in this Price Sheet. The directory styles include a variety of paper, binding, and quantity required in the quote.

DIRECTORY STYLE #1

TEXT STOCK: 80 lb.

COVER STOCK: 10 pt. coated 2 sided, varnishing front & back covers

QUANTITY	SADDLE STITCHING	SPIRAL BINDING (PLASTIC)	PERFECT BOUND
40,000	\$ _____	\$ _____	\$ _____
50,000	\$ _____	\$ _____	\$ _____
60,000	\$ _____	\$ _____	\$ _____

Additional Pages (multiples of 4 pages, each page 2 sided) \$ _____

DIRECTORY STYLE #2

TEXT STOCK: 70 lbs. offset - uncoated

COVER STOCK: 9 pt. coated 1 sided, varnishing front & back covers

QUANTITY	SADDLE STITCHING	SPIRAL BINDING (PLASTIC)	PERFECT BOUND
40,000	\$ _____	\$ _____	\$ _____
50,000	\$ _____	\$ _____	\$ _____
60,000	\$ _____	\$ _____	\$ _____

Additional Pages (multiples of 4 pages, each page 2 sided) \$ _____

POSSIBLE DIRECTORY REVISIONS BY CLERK'S OFFICE DURING THE PRINTING PHASE

IS YOUR PRINT SHOP UNIONIZED? (check one) YES _____ NO _____

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PRICE SHEET (continued)

We, _____, the undersigned in response to Bid Item 14-07
(Insert name of Bidder)

Macomb County Official 2008 Directory, offer and agree to provide to Macomb County the pricing as shown on the previous page titled Price Sheet.

AUTHORIZED SIGNATURE

COMPANY NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

DATE
